



MECHANICAL PERMIT APPLICATION PACKET

IN ORDER TO PROCEED A MINIMUM NON-REFUNDABLE REVIEW SUBMITTAL FEE IS DUE AT THE TIME OF APPLICATION

The following application is to be used for installation of any mechanical equipment such as air conditioner installation (HVAC – heating, ventilation & air conditioning) or change out, hood, heating, walk-in cooler, duct work, and refrigeration, and when work is not done in conjunction with a new structure or building addition.

Step 1 - Verify allowance and standards: It is recommended to contact the Building and Planning Division at (772) 597-8281 to determine allowance and discuss applicable standards.

Step 2 - Application and Plan Requirements: Complete the application in its entirety and create plan(s):

➤ Applications for all projects are to include **(2) Complete Copies:**

- **Two (2)** Copies of Completed Signed \Executed Contract\or Invoices.
- **Two (2)** Copies Product approval with installation Instructions
- **Two (2)** Sets of site plans are required. Survey: As-built survey with setbacks. The site plan must indicate property dimensions. Signed and sealed construction drawings by a licensed Florida Architect or Engineer. Plans larger than 11X17 a digital copy is required.
- Recorded notice of commencement is required when construction value exceeds \$2,500.00.
- If work is done by the owner, an Owner Builder Affidavit needs to be submitted.
- Product Approvals, AHRI's for Equipment replacements.

Step 3 - Submit: Submit the application, associated documents and plans and review fees by one of the following ways:

- *In Person:* Village Hall – Building Division, 15516 SW Osceola St., Suite B, Indiantown, FL. 34956 between hours of: 8:00 A. M. – 4:00 P.M. Monday – Friday
- *By Mail:* Village of Indiantown, P.O. Box 398 Indiantown, FL. 34956
- Village of Indiantown currently accepts the following forms of payment: Cash or Check or Credit Card.
(If any documents require additional copies that are not enclosed there will be a charge per page copy fee, (this does not include plans) which will be assessed prior to the permit being released).

Step 4 – Staff Review: Staff will review the proposed request for compliance with Village standards and Florida Building Codes.

Step 5 – Permit Issuance and Construction: Once approved, payment is made/verified, a permit will be issued and then construction may start

Step 6 - Inspection: To Schedule an inspection call: (772) 597-8281 or Email: permit.tech@indiantownfl.gov.

The above/below list is provided as general overview of the minimum requirements and is not intended to be all inclusive of all ordinance and codes. For clarification of your individual circumstances or general questions, please contact the Building Division at (772) 597-8281 or permit.tech@indiantownfl.gov. Please note: lack of information provided may constitute as an incomplete submittal, thus delaying the review process.

Notes of Importance:

- The application must be completed in its entirety and the permit review fee must be provided at time of submittal. Incomplete applications and failure to pay at time of submittal will not be accepted.
- If electrical is proposed, an Electrical Permit Application must be submitted. All electrical must be in compliance with the National Electrical Code and the plans must identify the electrical supply location and method of getting power.
- Pursuant to the Village of Indiantown Land Development Code, Chapter 3, Section 3-4.2, new mechanical equipment such as air conditioning, pool filters \ pump or water sprinkler units must meet the required setback requirements.
 - (1) All ground-mounted mechanical equipment must be screened from the public view by landscaping, fence, or other buffering. All ground-mounted mechanical and solar equipment installed before November 12, 2020, may be replaced in the same location that it already exists, encroaching up to four feet into side yard setbacks but not more than half of the setback width.
 - (2) No equipment shall be allowed in a recorded easement without first having obtained the approval of the easement holder.
 - (3) All roof-mounted mechanical equipment must be screened from the public view so as not to be visible from street level. All roof mounted mechanical equipment installed before November 12, 2020, is considered nonconforming and may be exempt from

PLANS, DETAILS, AND SPECIFICATIONS

Mechanical plans shall include the following:

- Designer name, phone number, email, registration number, seal and signature shall be on all plans.
- Duct layout that includes the size and type of duct materials, ceiling grilles and diffusers.
- Insulation R-value for duct systems.
- Support method for ducts.
- Details of routing and terminating restroom exhaust ducting to the outside.
- Restroom exhaust fan capacity and specifications for restroom exhaust duct material.
- Size and type of materials to be used for condensation piping.
- Condensation piping discharge point and details for approved place of disposal.
- Location and support method for air handling equipment.
- Anchorage of exterior pad and rooftop mounted installed HVAC and refrigeration equipment.
- Elevation of rooftop mechanical equipment (**FBC Section 1509.7**).
- Exhaust systems including clothes dryers, kitchen equipment, and specialty equipment systems. **Note: Commercial kitchen exhaust systems and paint booths require signed and sealed manufacturer's shop drawings.**
- Duct closures (UL 181 approved tapes, mastic \ etc.).
- Chimneys, fireplaces, and venting.
- Refrigerant type and piping type and size.

Project	Progressive Review Time
➤ Submittal of application and necessary documents	
➤ Staff review *	0-2 days
➤ Permit issuance	0-1 day
Approximate Time of Review Total	0-3 days *

** Estimations may vary. Review time is dependent upon request type, submittal date, necessary revisions, resubmittals, and any other required documentation.*



MECHANICAL PERMIT APPLICATION

PERMIT #: _____

1. JOB ADDRESS:			
2. PARCEL ID# (If no address is available):		3. RELATED BUILDING PERMIT #:	
4. CONTRACTOR:		LICENSE #:	
ADDRESS:	CITY:	STATE:	ZIP:
PHONE #:	E-MAIL:		
5. PROPERTY OWNER:			
ADDRESS:	CITY:	STATE:	ZIP:
PHONE #:	E-MAIL:		
6. CONTACT (If different than above):			
ADDRESS:	CITY:	STATE:	ZIP:
PHONE #:	E-MAIL:		
7. NATURE OF PROPOSED IMPROVEMENTS (Check all that apply)			
<input type="checkbox"/> MECHANICAL HOOD	<input type="checkbox"/> SUB PERMIT - ADDITION	<input type="checkbox"/> STAND ALONE - GENERAL MECHANICAL	
<input type="checkbox"/> A/C CHANGE OUT	<input type="checkbox"/> SUB PERMIT - ALTERATION	<input type="checkbox"/> STAND ALONE - MECHANICAL	
<input type="checkbox"/> SUB PERMIT - RESIDENTIAL	<input type="checkbox"/> SUB PERMIT - COMMERCIAL	<input type="checkbox"/> STAND ALONE - REPAIR	
8. DESCRIPTION OF WORK (Be specific):			
9. MECHANICAL EQUIPMENT LOCATION:			
<input type="checkbox"/> ROOF MOUNTED	<input type="checkbox"/> GROUND MOUNTED	<input type="checkbox"/> WALL MOUNTED	
10. HOW WILL EQUIPMENT BE SCREENED FROM PUBLIC VIEW:		11. NUMBER OF STORIES:	
NOTICE: SEPARATE PERMITS ARE REQUIRED FOR FIRE SYSTEMS, ALARMS, SPRINKLER SYSTEMS, PLUMBING WORK, IRRIGATION, GAS, LOW-VOLTAGE, SOLAR, GENERATOR, GREASE TRAPS, MECHANICAL WORK, ELECTRICAL WORK, WINDOWS/DOORS, POOL/SPA, FENCE, SCREENROOM & ANY OTHER ACCESSORY STRUCTURE. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS OF ISSUANCE, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED, AT ANY TIME, FOR A PERIOD OF 6 MONTHS AFTER WORK IS COMMENCED.			

12. ESTIMATED CONSTRUCTION VALUE (Include material and labor cost): \$_____ (Copy of Invoice Required)

IF CONSTRUCTION VALUE EXCEEDS \$2,500.00, A NOTICE OF COMMENCEMENT MUST BE SUBMITTED PRIOR TO FIRST THE FIRST INSPECTION. FAILURE TO RECORD A "NOTICE OF COMMENCEMENT" MAY RESULT IN YOUR PAYING TWICE FOR THE IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR "NOTICE OF COMMENCEMENT".

13. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. I further certify that no work has been commenced prior to the issuance of the permit, and that all work will conform to the applicable laws of construction under this jurisdiction.

Contractor:

Printed Name of Contractor

_____/____/____
Signature of Contractor Date

The foregoing instrument was acknowledged before me this
____ day of _____, 20____ by
____ (Name of person
acknowledging). He/she is personally known to me or has
produced (type of identification)
_____ as identification.

Notary Public – State of _____
_____ County

My Commission Expires: _____

Owner/ Owner Agent:

Printed Name of Owner

_____/____/____
Signature of Owner Date

The foregoing instrument was acknowledged before me this
____ day of _____, 20____ by
____ (Name of
person acknowledging). He/she is personally known to me or
has produced (type of identification)

_____ as identification.

Notary Public – State of _____
_____ County

My Commission Expires: _____

FOR OFFICE USE ONLY

Accepted By:

Reviewed By:

District:

☐ RR ☐ SR ☐ D ☐ CMU ☐ LI ☐ CF
☐ LR ☐ NMU ☐ VMU ☐ U ☐ HI ☐ P

Date:

Date:

Application Fees

Base Permit Fee:

Balance Due:



Air Conditioning Change-Out Form

7th Ed. 2020 Florida Building Code

**IN ORDER TO PROCEED A MINIMUM NON-REFUNDABLE REVIEW SUBMITTAL FEE IS DUE
AT THE TIME OF APPLICATION**

Air Conditioning System

Residential _____ Commercial _____
Single Package Unit: _____ Split System _____ Ductless Mini _____

	Yes	No
Any Duct Replacement		
Refrigerant Line Replacement		
*Rooftop A/C Stand Installation		
*Smoke Detector Installation (over 2000 cfm)		

***Commercial Permits Only-One form required for each separate A/C system installed**

☐ **REPLACEMENT EQUIPMENT** or ☐ **NEW EQUIPMENT** (Not a replacement)

NEW Manufacturer _____

AIR HANDLER Model No _____

SEER/EER _____

Size _____ tons Heat Strip _____ KVA/KW

HACR Breaker \ Fuse size: _____ Min. _____ Max.

Wire Size _____

Refrigerant piping sizes (Liq) _____ (Suc) _____

Refrigerant type _____

Location: _____ Existing _____ New

Configuration: _____ Horizontal _____ Vertical

NEW Manufacturer _____

CONDENSER Unit Model No _____

SEER/EER _____

Size _____ tons

HACR Breaker \ Fuse size: _____ Min. _____ Max.

Wire Size _____

Refrigerant piping sizes (Liq) _____ (Suc) _____

Refrigerant type _____

Location: _____ Existing _____ New

Location: _____ Ground _____ Roof

OLD EXISTING System Components

OLD Manufacturer _____

SEER/EER _____

Size _____ tons Heat Strip _____ KVA/KW

Existing HACR Breaker/Fuse size: _____

Existing Wire Size _____ (A.W.G.)

Refrigerant piping sizes (Liq) _____ (Suc) _____

Refrigerant type _____

OLD Manufacturer _____

SEER/EER if known _____

Size _____ tons

Existing HACR Breaker/Fuse size: _____

Existing Wire Size _____ (A.W.G.)

Refrigerant piping sizes (Liq) _____ (Suc) _____

Refrigerant type _____

Certification

With the authorization of the installing Contractor, I certify that the information entered on this form accurately represents the system(s) installed.

Signature of applicant

Date

Please complete the appropriate sections of the application below and provide additional required information as attachments.

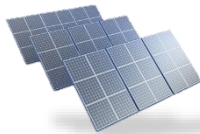
A/C CHANGE-OUTS/MECHANICAL EQUIPMENT



A/C units



Pool filters/pump



Solar panels



Generators/etc.

Pursuant to the Village of Indiantown Land Development Code, Chapter 3, Section 3-4.2, new mechanical equipment such as air conditioning, pool filters/pump or water sprinkler units must meet the required setback requirements.

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Please complete this section for Zoning review

Mechanical equipment location?

- ☐ Roof Mounted
- ☐ Ground Mounted
- ☐ Wall Mounted
- ☐ Other: _____

Number of stories in building: _____.

How will the equipment be screened from public view?
(Must be a minimum of 6” above-grade)

Please select the screening options and specify the details about screening materials, height, etc., and related permit number if applicable.

- ☐ Landscaping
- ☐ Fence
- ☐ Other buffering

THE SECTIONS BELOW ARE FOR ZONING OFFICIAL USE ONLY:

FIRST SUBMISSION

ZONING OF PROPERTY:

REVIEW DATE:

Above request has been: () Approved () Conditionally Approved () Disapproved

By: _____ Zoning Fee: _____ Inspection Required? _____

SECOND SUBMISSION

ZONING OF PROPERTY:

REVIEW DATE:

Above request has been: () Approved () Conditionally Approved () Disapproved

By: _____ Zoning Fee: _____ Inspection Required? _____

NOTICE OF COMMENCEMENT

To be completed when construction value exceeds \$2,500.00 (Recorded copy needs to be submitted to the permitting office)

PERMIT#: _____ TAX FOLIO#: _____

STATE OF FLORIDA

COUNTY OF MARTIN

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS, IF AVAILABLE):

GENERAL DESCRIPTION OF IMPROVEMENT: _____

OWNER INFORMATION OR LESSEE INFORMATION, IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:

Name: _____

Address: _____

Interest in property: _____

Name and address of fee simple title holder (If different from Owner listed above):

CONTRACTOR'S NAME: _____ Phone No.: _____

Address: _____

SURETY COMPANY (If applicable, a copy of the payment bond is attached):

Name and address: _____

Phone No.: _____ Bond amount: _____

LENDERS NAME: _____ Phone No. _____

Address: _____

Persons within the State of Florida designated by owner upon whom notices, or other documents may be served as provided by Section 713.13

(1) (a) 7, Florida Statutes:

Name: _____ Phone #: _____

Address: _____

In Addition to himself or herself, owner designates _____ of _____ to receive a copy of the lienor's Notice as provided in Section 713.13(l)(b), Florida Statutes.

Phone number of person or entity designated by Owner: _____

Expiration date of Notice of Commencement:

(The expiration date may not be before the completion of construction and final payment to the contractor but will be 1 year from the date of recording unless a different date is specified): _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief.

Signature of Owner or Lessee, or Owner's or lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact

Signatory's Title/Office

The foregoing instrument was acknowledged before me this _____ day of _____ 20 _____

By: _____ As _____ For _____

Name of person

Type of authority

Name of party on behalf of whom instrument was executed (e.g., officer, trustee, attorney-in-fact)

Notary's Signature

Personally known _____ or produced identification _____
Type of identification produced _____

(Print, Type, or Stamp Commissioned Name of Notary)

ADA Accessibility Disclosure Statement - This document may be reproduced upon request in an alternative format by contacting the County ADA Coordinator (772) 320-3131, the County Administration Office (772) 288-5400, Florida Relay 711, or by completing our accessibility feedback form at www.martin.fl.us/accessibility-feedback. REV.01-2019

MARTIN COUNTY LOCATIONS TO RECORD NOTICE OF COMMENCEMENT

LOCATIONS:

COURTHOUSE STUART OFFICE

100 SE Ocean Blvd.

Stuart, Florida 34994

(772) 288-5576

8:00 am - 5:00 pm Monday - Friday

Open - Appointments Preferred Services
provided by Phone or Online

HOBE SOUND BRANCH OFFICE

11730 SE Federal Hwy. Hobe

Sound, Florida (772) 546-1308

8:00 am - 12:00 pm

1:00 pm - 4:30 pm Monday - Friday

Limited Public Access - By Appointment Only Services
provided by Phone or Online

INDIANTOWN BRANCH OFFICE

16550 SW Warfield Blvd.

Indiantown, Florida

(772) 223-7921

Hours of Operation: Every Wednesday

8:00 am - 4:30 pm

Closed 1:00 pm – 2:00 pm

MAILING ADDRESS

Clerk of the Circuit Court and Comptroller

PO Box 9016

Attn: Recording

Stuart, FL 34995

The recording fee for any document up to 8 ½ x 14 inches in size is \$10.00 for the first page.